12/05/2006 12:07

Image# 26940621437

FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1.	NAME OF COMMITTEE (in full)	USE FEC MAILING LA OR TYPE OR PRINT		mple:If typing, r the lines	, type			
Ш	Political Action Committee of	the American Association	n of Orthopaedi	c Surgeons				
Ш				1 1 1 1	1 1 1 1		1 1 1 1 1	
ADI	DRESS (number and street)	317 Massachusetts A	Avenue, NE					
_	Check if different	1st Floor						
L	than previously reported. (ACC)	Washington				DC	20002	
2.	FEC IDENTIFICATION NUM	IBER ¥	CITY 🛋		5	STATEA	ZIPCO	DE 🛕
	C00343137		3. IS THIS REPORT		IEW N) OR	AI (A	MENDED	
4.	TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	H	May 20 (M5)	H	g 20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
	(a) Quarterly Reports:		Mar 20 (M3)	H	Jun 20 (M6)	H	20 (M9)	(Non-Election Year Only)
	April 15 Quarterly Report(Q	(c) 12-Day	Apr 20 (M4)	Primary (12P)	Jul 20 (M7)	Oct	20 (M10) (12G)	Jan 31 (YE) Runoff (12R)
	Quarterly Report(Q	Report for		Convention (1	12C)	Special (12G)	
	Quarterly Report(Q January 31 Quarterly Report(Y	,	Election on				in the State o	of .
	July 31 Mid-Year Report(Non-electio Year Only) (MY)	n (d) 30-Day Post -Elec	tion X	General (30G	i)	Runoff (3		Special (30S)
	Termination Report (TER)		the: Election on	11	07	2006	in the State o	of
5.	Covering Period 1 (19 200	6	through	11	27	2006	
l ce	rtify that I have examined this I	Report and to the best of	my knowledge	and belief it is	true, correct a	and complete.		
Тур	e or Print Name of Treasurer	William J. Robb, III,	MD					
Sigr	nature of Treasurer Electro	nically Filed by William	J. Robb, III, M	D	D	ate 12	0.5	2006
NO ⁻	TE : Submission of false, erro	neous, or incomplete info	rmation may su	bject the perso	on signing this	s Report to the	e penalties of 2 U.	S.C 437g.
	Office Use Only						FEC FOR (Rev. 02/20	

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Political Action Committee of the American Association of Orthopaedic Surgeons [®] D ^b D 27 1.0 19 2006 1,1 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand [°]2006 652130.44 January 1 (b) Cash on Hand at 297741.10 Begining of Reporting Period 69170.03 990058.50 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 366911.13 1642188.94 6(a) and 6(c) for Column B) 74389.89 1349667.70 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 292521.24 292521.24 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

1 9 м м 1 0 м м 1 1 2^D7 2006 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 62425.00 904035.00 (i) Itemized (use Schedule A) 4000.00 65080.00 (ii) Unitemized (iii) TOTAL (add 66425.00 969115.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 66425.00 969115.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 1745.03 14943.50 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 1000.00 6000.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 69170.03 990058.50 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 69170.03 990058.50 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	2139.89	15338.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	2139.89	15338.36
2. Transfers to Affiliated/Other Party	2100.00	13000.00
Committees	0.00	0.00
Contributions to Federal Candidates/Committees	70000 00	704055.00
and Other Political Committees	72000.00	731655.00
Independent Expenditure (use Schedule E)	0.00	600000.00
5. Coordinated Expenditures Made by Party		
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
(a) Individuals/Persons Other	250.00	1750.00
Than Political Committees	250.00	1730.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	250.00	1750.00
9. Other Disbursements	0.00	924.34
_		
D. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.0
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))		
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	74389.89	1349667.70
,,,,,,,		
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) from Line 30(a)(ii)	74000.00	1040007.74
from Line 31)	74389.89	1349667.70

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Total Contributions (other than loans) from Line 11(d), page 3)	66425.00	969115.00
 Total Contribution Refunds (from Line 28(d))	250.00	1750.00
Net Contributions (other than loans) (subtract Line 34 from Line 33)	66175.00	967365.00
Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2139.89	15338.36
Offsets to Operating Expenditures (from Line 15, page 3)	1745.03	14943.50
Net Operating Expenditures (subtract Line 37 from Line 36)	394.86	394.86

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 6 / 63	
	•		Use separate schedule(s) or each category of the	(check only one)	
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
			2 otaliou Guillina, i ago	13 14 15 16 17	
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any person	on for the purpose of soliciting contributions	
or		name and add	dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons	
Α.	Full Name (Last, First, Middle Initial) Dr. Steven S Ratcliffe, , MD			Date of Receipt	
	Mailing Address 2547 103rd Ave SE			10 20 2006	
	City	State	Zip Code	Transaction ID: 24883999	
	Bellevue	WA	98004-7203	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Proliance Surgeons	Occupation Orthopae	n edic Surgeon	7	
	Receipt For:		Year-to-Date ▼		
	Primary General	1 1		1	
	Other (specify) ▼		750.00		
В.	Full Name (Last, First, Middle Initial) Dr. Mitchell Forest Reiter, , MD			Date of Receipt	
	Mailing Address 50 Blazier Rd			M M / D D / Y Y Y Y	
	0::		7' 0 1	10 20 2006	
	City	State	Zip Code	Transaction ID: 24884000	
	Martinsville	NJ	08836-2041	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	rederal political committee.				
	Name of Employer New Jersey Medical School	Occupation			
		<u> </u>	edic Surgeon		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	, ,	350.00		
	Other (specify)		1 1 1 1 1 1 1 1	J	
— С.	Full Name (Last, First, Middle Initial) Dr. Richard A Rosa, , MD			Date of Receipt	
٠.	Mailing Address 741 Northfield Ave Ste 2	200		M M / D D / Y Y Y Y	
	741 Northmold / We Ste 2	naming Address 741 Northield Ave Ste 200			
	City	State	Zip Code	Transaction ID: 24884001	
	West Orange	NJ	07052-1104	Amount of Each Receipt this Period	
	FEC ID number of contributing	<u></u>		500.00	
	federal political committee.	C		300.00	
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon		
	Receipt For:		Year-to-Date ▼		
	Primary General	00 0		1	
	Other (specify) ▼	1	500.00		
	•				
s	UBTOTAL of Receipts This Page (optional)			1000.00	
\vdash	,			-	

S

_				
S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 63 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	on the sold or used by any personant person	on for the purpose of soliciting contributions
\setminus	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the America	can Associ	iation of Orthopaedic Surgeo	ns
A.	Full Name (Last, First, Middle Initial) Dr. Gene L Muse, , MD			Date of Receipt
	Mailing Address 4200 W Memorial Rd St	te 1001		10 20 2006
	City	State	Zip Code	Transaction ID: 24884002
	Oklahoma City	OK	73120-8359	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer	Occupation	n	
	Northwest Institute of Sports Medicine	<u> </u>	edic Surgeon	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		300.00	
В.	Full Name (Last, First, Middle Initial) Dr. James P Jamison, , MD			Date of Receipt
	Mailing Address 6470 Tippecanoe Rd			M M / D D / Y Y Y Y Y Y 1 Y 1 1 0 2 0 2 0 0 6
	City	State	Zip Code	Transaction ID: 24884003
	Canfield	ОН	44406-9568	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation		7
			edic Surgeon	4
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify) ▼	0 0	500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. James K Rudder, , MD			Date of Receipt
	Mailing Address 208 McAuley Ct			10 20 2006
	City	State	Zip Code	Transaction ID: 24884004
	Hot Springs	AR	71913-6312	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Ortho Arkansas	Occupation		7
			edic Surgeon	4
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify)		1000.00	
S	UBTOTAL of Receipts This Page (optional)			1600.00

TOTAL This Period (last page this line number only)

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 8 / 63
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or		ame and add	aress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns .
Α.	Full Name (Last, First, Middle Initial) Dr. Michael Stewart Clarke, , MD			Date of Receipt
	Mailing Address 6725 E Farm Rd 138			10 20 2006
	City	State	Zip Code	Transaction ID: 24884005
	Springfield	MO	65802-7288	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	_
	Primary General	/ iggi ogato	Tour to Buto V	1
	Other (specify)		500.00	
				1
В.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Todd Sorensen, , MD			Date of Receipt
	Mailing Address 5932 S 1050 E			M M / D D / Y Y Y Y
				10 20 2006
	City	State	Zip Code	Transaction ID: 24884006
	South Ogden	UT	84405-4999	Amount of Each Receipt this Period
	FEC ID number of contributing	C		1000.00
	federal political committee.			1000.00
	Name of Employer	Occupation	1	
	Ogden Clinic	Orthopae	edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-	1000.00	1
	Other (specify) ▼		1000.00	
_	Full Name (Last, First, Middle Initial)			
C.	Dr. Mark J Conklin, , MD Mailing Address 660 Golden Ridge Rd St	- 050		Date of Receipt
	Mailing Address 660 Golden Ridge Rd St Panorama Ortho & Spine			10 20 2006
	City	State	Zip Code	Transaction ID: 24884042
	Golden	CO	80401-9541	Amount of Each Receipt this Period
	FEC ID number of contributing			100.00
	federal political committee.	C		100.00
	Name of Employer Panorama Orthopedics	Occupation		
			edic Surgeon	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify)	' '	350.00	
	Chici (opcony) \		0 0 0 0 0 0 0	1
ء	UBTOTAL of Receipts This Page (optional)			1600.00
\vdash	dgs (optional)			-

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 63 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the nan	ments may ne and ado	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Political Action Committee of the America	n Associ	ation of Orthopaedic Surgeo	ns
Α.	M & M Orthopaedics		Zip Code 60540-8904 n edic Surgeon 9 Year-to-Date ▼	Date of Receipt M M M / 20 / 2006 Transaction ID: 24884043 Amount of Each Receipt this Period 500.00
3.	Self Employed	•	Zip Code 50265-5764 n edic Surgeon Year-to-Date ▼	Date of Receipt M M Z D Z D Z D Z D D Z D D Z D D D D D
D.	Self Employed		Zip Code 56401-6177 n edic Surgeon Year-to-Date ▼	Date of Receipt M M M / 20 / 2006 Transaction ID: 24884045 Amount of Each Receipt this Period 250.00
s	UBTOTAL of Receipts This Page (optional)		······	1250.00
т	OTAL This Period (last page this line number only)	>	

9	CHEDIII E A (EEC Form 2V)			FOR LINE NUMBER: PAGE 10 / 63
	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)
IT	EMIZED RECEIPTS	or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	y information copied from such Reports and Sta	atemente may	y not be sold or used by any ners	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	Political Action Committee of the Ameri	ican Associ	ation of Orthonaedic Surger	nns
		00117100001	and the Crimopassis Surger	,,,,,
	Full Name (Last, First, Middle Initial)			
A.	Dr. John T Murphy, Jr, MD			Date of Receipt
	Mailing Address 2201 Cloyd Blvd			M M / D D / Y Y Y Y
				10 20 2006
	City	State	Zip Code	Transaction ID: 24884046
	Florence	AL	35630-1505	Amount of Each Receipt this Period
	FEC ID number of contributing	С		1000.00
	federal political committee.	C		1000.00
	Name of Employer	Occupation	1	\dashv
	Name of Employer Self Employed		dic Surgeon	
	Receipt For:	<u> </u>	Year-to-Date ▼	\dashv
	Primary General	7.99.094.0	Tour to Date V	1
	Other (specify) ▼		1000.00	
		0 0		1
	Full Name (Last, First, Middle Initial)			
В.	Dr. Stanley A Kopp, , MD			Date of Receipt
	Mailing Address 693 Washington Ave	M M / D D / Y Y Y Y		
				10 20 2006
	City	State	Zip Code	Transaction ID: 24884048
	Mukilteo	WA	98275-1817	Amount of Each Receipt this Period
	FEC ID number of contributing	С		1000.00
	federal political committee.			
	Name of Employer	Occupation	1	7
	Self Employed	Orthopae	edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify)	0 0	1000.00	
C	Full Name (Last, First, Middle Initial) Dr. John G Lane, , MD			Date of Receipt
•	Mailing Address 8008 Frost St Ste 403			M M / D D / Y Y Y Y
	0000 1 1031 01 010 400			10 20 2006
	City	State	Zip Code	Transaction ID: 24884049
	San Diego	CA	92123-4209	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		500.00
	Name of Employer	Occupation	<u> </u>	-
	Name of Employer Self Employed		edic Surgeon	
	Receipt For:		Year-to-Date V	\dashv
	Primary General	, iggi egale	Tour to Date ¥	1
	Other (specify)		500.00	
		0 0		4
	I			
٩	UBTOTAL of Receipts This Page (optional)			2500.00
\vdash	o			-

S П

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 63 (check only one) X 11a
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Patrick J Kay, , MD Mailing Address 11379 Merlin Ct			Date of Receipt
	City	State	Zip Code	1 0 2 0 2 0 0 6 Transaction ID: 24884050
	Fishers	IN	46037-4135	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Central Indiana Orthopaed- ics		edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) Dr. Pamela L Jones, , MD			Date of Receipt
	Mailing Address 50 Beacon St Ste 2			10 20 7 2006
	City	State	Zip Code	Transaction ID: 24884051
	Boston	<u>MA</u>	02108-3524	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Self Employed		edic Surgeon	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼ 1000.00	1
	Other (specify)		0 0 0 0 0 0 0	
C.	Full Name (Last, First, Middle Initial) Dr. Peter White Whitfield, , MD			Date of Receipt
	Mailing Address 201 E Wendover Ave			10 26 Y Y Y Y Y Y Y
	City Greensboro	State NC	Zip Code 27401-1200	Transaction ID: 24920667 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
s	LBTOTAL of Receipts This Page (optional)			2250.00

TOTAL This Period (last page this line number only)

S	CHEDULE A (FEC Form 3X)		l la a a su a vata a ala alcila (a)	FOR LINE NUMBER: PAGE 12 / 63
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso	on for the purpose of soliciting contributions
0.	NAME OF COMMITTEE (In Full)	aric and add	iress of any political committee to	Solicit contributions from such committee.
	Political Action Committee of the Americ	on Accoci	ation of Orthonoodia Surges	ano.
	Folitical Action Committee of the Americ	an Assuci	ation of Orthopaedic Surged	1115
_	Full Name (Last, First, Middle Initial)			
A.	Dr. Charles Cannon Edwards, II, MD			Date of Receipt
	Mailing Address 1826 Circle			10 26 Y Y Y Y Y Y
	City	State	Zin Codo	
	City Towson	MD	Zip Code	Transaction ID: 24920668
		IVID	21204-6415	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Tederal political committee.			
	Name of Employer Self Employed	Occupation		
			edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	
	Other (specify)	1 1	1 1 1 1 1 1 1 1	
_	Full Name (Last, First, Middle Initial)			
В.	Dr. James J Hamilton, , MD			Date of Receipt
	Mailing Address Univ of MO at Kansas C			M M / D D / Y Y Y Y
	2301 Holmes, Dept of O			10 26 2006
	City	State	Zip Code	Transaction ID: 24920669
	Kansas City	MO	64108-2677	Amount of Each Receipt this Period
	FEC ID number of contributing	C		500.00
	federal political committee.			
	Name of Employer	Occupation	1	
	Hospital Hill Health Serv- ices		edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	1500.00	
	Other (specify)	1 1		
	Full Name (Last, First, Middle Initial)			
C.	Dr. Richard D Schmidt, , MD			Date of Receipt
	Mailing Address 7373 France Ave S Ste 3	312		M M / D D / Y Y Y Y
	City	Ctata	7in Codo	10 26 2006
	City Edina	State MN	Zip Code 55435-4549	Transaction ID: 24920670
		IVIIN	55455-4549	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	·			
	Name of Employer Self Employed	Occupation		
			edic Surgeon	_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		750.00	
	Curior (openity)		0 0 0 0 0 0 0	1
	L			
s	JBTOTAL of Receipts This Page (optional)			1000.00
\vdash	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			-

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 63
TEMIZED RECEIPTS			or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Stephen L Brenneke, , MD			Date of Receipt
	Mailing Address 3510 NE 122nd Ste 103			10 26 2006
	City	State	Zip Code	Transaction ID: 24920671
	Portland	OR	97230-1500	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Employed	Occupation	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
3.	Full Name (Last, First, Middle Initial) Dr. Raymond J Boniface, , MD			Date of Receipt
	Mailing Address 835 McKay Ct Ste 100			10 26 7 2006
	City	State	Zip Code	Transaction ID: 24920672
	Youngstown	ОН	44512-5786	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General		500.00	
	Other (specify) ▼	0 0	500.00	
Э.	Full Name (Last, First, Middle Initial) Dr. Neil J Maki, , MD			Date of Receipt
	Mailing Address 525 St Mary St			10 26 YYYYY 2006
	City	State	Zip Code	Transaction ID: 24920673
	Thibodaux	<u>LA</u>	70301-2692	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		450.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
_	OTAL This David (last of the life for the last of the	1)		
- 10	OTAL This Period (last page this line number onl	ıy)		

SCHEDULE A (FEC Form S ITEMIZED RECEIPTS	BX)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 63 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the	American Associ	ation of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial) Dr. Tilok Ghose, , MD Mailing Address 7920 Cedar Ave S City Bloomington FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State MN C Occupatio Orthopae	Zip Code 55425-1207 n edic Surgeon e Year-to-Date ▼	Date of Receipt M M M Z 6 Z 6 Z 0 0 6 Transaction ID: 24920674 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Charles M Pesson, , MD Mailing Address 1668 Mulkey Rd City Austell FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State GA C Occupation Orthopae	Zip Code 30106-1163 n edic Surgeon e Year-to-Date ▼	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. John A Odom, Jr, MD Mailing Address 10103 Ridge Gat City Lone Tree FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State CO C Occupation Orthopae	Zip Code 80124-5525 n edic Surgeon e Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optic	nal)		1000.00
TOTAL This Period (last page this line nu	ımber only)	1	

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 15 / 63
	·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
Ar	ly information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or		ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the America	can Associ	ation of Orthopaedic Surgeo	ns
Α.	Full Name (Last, First, Middle Initial) Dr. Eric R Jamrich, , MD			Date of Receipt
	Mailing Address 10103 Ridgegate Pkwy	Ste 306		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	
	Lone Tree	CO	·	Transaction ID: 24921132
		- 00	80124-5525	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation	า	
	Self Employed	Orthopae	edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		250.00	
_	Full Name (Last, First, Middle Initial)			_
В.				Date of Receipt
	Mailing Address Ortho Center of Illinois			M M / D D / Y Y Y Y
	3136 Old Jacksonville R	10 26 2006		
	City	State	Zip Code	Transaction ID: 24921133
	Springfield	IL	62704-6487	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation		
			edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	' '	450.00	
	Other (specify)	-	0 0 0 0 0 0 0	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. William C McMaster, , MD			Date of Receipt
٥.	Mailing Address 1310 W Stewart Dr Ste	508		M M / D D / Y Y Y Y
			10 26 2006	
	City	State	Zip Code	Transaction ID: 24921134
	Orange	CA	92868-3856	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.	0		
	Name of Employer Self Employed	Occupation		
	Receipt For: Aggree		edic Surgeon	_
			Year-to-Date ▼	
	Primary General	'''	500.00	
	Other (specify)		333.30	
г				
	IIDTOTAL of Descripts This Descriptions!		_	750.00
\vdash	UBTOTAL of Receipts This Page (optional)		······	
1				1

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 / 63
ITEMIZED RECEIPTS		or each category of the	(check only one)
II EIVIIZED RECEIP I S		Detailed Summary Page	X 11a 11b 11c 12
		Dotailed Carrinary 1 age	13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	itements may name and addr	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Political Action Committee of the America	can Associa	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) A. Dr. Clark P Searle, , MD			Date of Receipt
Mailing Address N5390 Rancho Viejo Rd			10 26 2006
City	State	Zip Code	Transaction ID: 24921138
Fond Du Lac	WI	54935-9373	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupation Orthopaed	dic Surgeon	
Receipt For:	<u> </u>	Year-to-Date ▼	
Primary General	1.99.19		7
Other (specify)		1000.00	
Other (specify)	1 1		1
Full Name (Last, First, Middle Initial) B. Dr. Chitranjan S Ranawat, , MD			Date of Receipt
Mailing Address Lenox Hill Hosp-W Black	l, Hall		M M / D D / Y Y Y Y
130 E 77th St 11th Fl	10 26 2006		
City	State	Zip Code	Transaction ID: 24921139
New York	NY	10021-1851	Amount of Each Receipt this Period
FEC ID as well as of a subtile stice.			
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Lenox Hill Hospital	Occupation		7
Lenox Hill Hospital	Orthopaed	dic Surgeon	
Receipt For:		Year-to-Date ▼	
Primary General	1.99.09		1
Other (specify)		2000.00	
Other (specify)	0 0		1
Full Name (Last, First, Middle Initial) C. Dr. Frank J Eismont, , MD			Date of Receipt
Mailing Address Univ of Miami School of	Mod		M M / D D / Y Y Y Y
Dept of Orthopaedics	ivieu		10 26 2006
City	State	Zip Code	Transaction ID: 24921218
<u>Miami</u>	FL	33101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Empleyer	000000011		\dashv
Name of Employer University of Miami Miller	Occupation	dia Cumana:-	
School of M	· · · · · · · · · · · · · · · · · · ·	dic Surgeon	
Receipt For:	Aggregate 1	Year-to-Date ▼	
Primary General		1000.00	11
Other (specify) ▼	1	1000.00	
			*
SUPTOTAL of Possints This Page (entires!)			3000.00
SUBTOTAL of Receipts This Page (optional)			

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 17 / 63			
ITEMIZED RECEIPTS		or each category of the	(check only one)			
••	LIVIIZED NEGELI 13	Detailed Summary Page	X 11a 11b 11c 12 15 16 17			
Ar	ny information copied from such Reports and Statements m	nay not be sold or used by any perso	on for the purpose of soliciting contributions			
or	for commercial purposes, other than using the name and a	address of any political committee to	solicit contributions from such committee.			
\setminus	NAME OF COMMITTEE (In Full)					
	Political Action Committee of the American Asso	ociation of Orthopaedic Surgeo	ons			
^	Full Name (Last, First, Middle Initial) Dr. Edward R McDevitt, , MD		Data of Descript			
Α.	Mailing Address Bay Area Orthopaedics & Sports	Mod	Date of Receipt			
	1300 Ritchie Hwy Ste A	IVIEU	10 26 2006			
	City State	Zip Code	Transaction ID: 24921219			
	Arnold MD	21012-2244	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		1000.00			
	Name of Employer Bay Area Orthopaedics & Orthop	tion				
	Sports Medicin Orthop	aedic Surgeon				
		ate Year-to-Date ▼				
	Primary General	1000.00	1			
	Other (specify) ▼	1000.00	1			
В.	Full Name (Last, First, Middle Initial) Tomoji Mizuguchi, , MD		Date of Receipt			
	Mailing Address 3582 Sagamore Dr		10 26 2006			
	City State	Zip Code	Transaction ID: 24921220			
	Huntington Beach CA	92649-2531	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		250.00			
	Name of Employer Retired Occupation		7			
	Orthop	aedic Surgeon ate Year-to-Date ▼				
	Primary General	ate real to Date V	1			
	Other (specify) ▼	250.00				
С.	Full Name (Last, First, Middle Initial) Dr. Kenneth A Pettine, , MD		Date of Receipt			
	Mailing Address Rocky Mountain Assoc in Orthop 3810 N Grant Ave	pedic	10 26 YYYYY 2006			
	City State	Zip Code	Transaction ID: 24921226			
	<u>Loveland</u> CO	80538-8412	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		1000.00			
	Name of Employer Occupar Self Employed Orthop	ion aedic Surgeon				
		ate Year-to-Date ▼				
	Primary General	1000	1			
	Other (specify) ▼	1000.00				
s	UBTOTAL of Receipts This Page (optional)		2250.00			
\vdash						
Ιт	TOTAL This Period (last page this line number only)					

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 18 / 63 (check only one)
H	EMIZED RECEIPTS	Detailed Summary Page		X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the America	an Associa	ation of Orthopaedic Surgeo	ons
<u>΄</u> Δ.	Full Name (Last, First, Middle Initial) Dr. David R Schmidt, , MD			Date of Receipt
	Mailing Address 9150 Huebner Ste 155			10 26 2006
	City	State	Zip Code	Transaction ID: 24921227
	San Antonio	TX	78240-1598	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Sports Medicine Associates	Occupation Orthopae	dic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
 3.	Full Name (Last, First, Middle Initial) Dr. Stephen A Yoder, , MD			Date of Receipt
-	Mailing Address 934 Center St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 24921228
	Ashland	OH	44805-4063	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Orthopae	dic Surgeon	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
— Э.	Full Name (Last, First, Middle Initial) Dr. Richard David Schuster, , MD			Date of Receipt
	Mailing Address 1651 W Rosedale St			10 26 2006
	City	State	Zip Code	Transaction ID: 24921229
	Fort Worth	TX	76104-7437	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C		1000.00
	Name of Employer Texas Health Bone & Joint	Occupation Orthopae	dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
s	UBTOTAL of Receipts This Page (optional)			2500.00
				-

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 63 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Thomas Woo, , MD			Date of Receipt
	Mailing Address 5255 E Stop 11 Rd Ste 3	00		10 26 2006
	City	State	Zip Code	Transaction ID: 24921249
	Indianapolis FEC ID number of contributing federal political committee.	C	46237	Amount of Each Receipt this Period 250.00
	Name of Employer Orthopaedics Indianapolis		dic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Dr. Scott P Fischer, , MD			Date of Receipt
	Mailing Address Orthopaedic Specialty Ins 280 S Main Ste 200			10 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Orange	State CA	Zip Code 92868-3852	Transaction ID: 24921250 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	32000-3032	1000.00
	Name of Employer Self Employed		dic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	
D.	Full Name (Last, First, Middle Initial) Dr. Christopher M Miller, , MD			Date of Receipt
Mailing Address 3045 S National				10 26 2006
	City	State	Zip Code	Transaction ID: 24921251
	Springfield FEC ID number of contributing federal political committee.	C	65804-4247	Amount of Each Receipt this Period 250.00
	Name of Employer Orthopaedic Specialists of Springfield		dic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
S	UBTOTAL of Receipts This Page (optional)			1500.00
	. 5 (17			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 63
ITEMIZED RECEIPTS			or each category of the	(check only one)
••	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
۸r	ny information copied from such Reports and Statem	nonte may	y not be cold or used by any perso	13 14 15 16 17
or	for commercial purposes, other than using the nam	e and add	lress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the American	n Associ	ation of Orthopaedic Surgeo	ns
_	Full Name (Last, First, Middle Initial)			
۹.	Dr. Susan N Ishikawa, , MD Mailing Address 488 Wolf View Cv			Date of Receipt
	Mailing Address 488 Wolf View Cv			10 26 2006
	City	State	Zip Code	Transaction ID: 24921252
	Cordova	TN	38018-7629	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Campbell Clinic C	ccupation	1	1
		•	dic Surgeon	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		600.00	
	Cultiful (openity) V	0 0		1
3.	Full Name (Last, First, Middle Initial) Dr. Julio Taleisnik, , MD			Date of Receipt
	Mailing Address 1140 W La Veta Ave Ste 8	10 26 7 2006		
	City	State	Zip Code	Transaction ID: 24921304
	Orange	CA	92868-4218	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Employed	ccupation	1	7
		•	dic Surgeon	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		500.00	
`	Full Name (Last, First, Middle Initial)			Date of Possint
J.	Dr. Bernard N Stulberg, , MD Mailing Address 1730 W 25th St			Date of Receipt
				10 26 2006
	City	State	Zip Code	Transaction ID: 24921305
	Cleveland	OH	44113-3170	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Clayaland Cfr for Joint	occupation (7
	Reconstruction		dic Surgeon	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		1000.00	
		0 0	0 0 0 0 0 0 0	'
s	UBTOTAL of Receipts This Page (optional)			2000.00
			·	
T	OTAL This Period (last nage this line number only)		•	

				_
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 63
	EMIZED RECEIPTS		or each category of the	(check only one)
• • • • • • • • • • • • • • • • • • • •	EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
			,	13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\vdash	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Joseph Fromm Hollinger, , MD			Date of Receipt
	Mailing Address 700 Lomas Blvd NE 1 Woodward Center			10 26 7 2006
	City	State	Zip Code	Transaction ID: 24921306
	Albuquerque	NM	87102-2568	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General	1.55.15	1 1 1 1 1 1 1 1	1
	Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) Dr. George C Alber, , MD			Date of Receipt
	Mailing Address 18 E Jimmie Leeds Rd			10 26 2006
	City	State	Zip Code	Transaction ID: 24921307
	Galloway	NJ	08205-9510	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Solf Employed 1	Occupation	n edic Surgeon	
	Receipt For:	•	Year-to-Date ▼	
	Primary General	riggrogate	real to Bate V	1
	Other (specify) ▼		500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Lawrence A Lefkowitz, , MD			Date of Receipt
	Mailing Address 1 Colony St			10 26 2006
	City	State	Zip Code	Transaction ID: 24921308
	Norwalk	CT	06851-5801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
Self Employed		Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00
\vdash				_

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 63 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the nar	ments may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the America			
A.	Self Employed Receipt For: Primary General Other (specify) ▼		Zip Code 19702-5707	Date of Receipt M M M / 26 / 2006 Transaction ID: 24921309 Amount of Each Receipt this Period 500.00
3.	Solf Employed		Zip Code 37130-1146 Discrete Surgeon Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / 2006 Transaction ID: 24929062 Amount of Each Receipt this Period 500.00
D.	Self Employéd		Zip Code 48084-4852 dic Surgeon Year-to-Date ▼	Date of Receipt M M A 2006 Transaction ID: 24929063 Amount of Each Receipt this Period 250.00
s	UBTOTAL of Receipts This Page (optional)			1250.00
т	OTAL This Period (last page this line number only	<i>(</i>))	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 63
ITEMIZED RECEIPTS		or each category of the		(check only one)
TI EMILED TIEGEII TO			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the na	tements may ame and ado	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the America	can Associ	ation of Orthopaedic Surgeo	ns
Α.	Full Name (Last, First, Middle Initial) Dr. Harlan C Amstutz, , MD			Date of Receipt
	Mailing Address 2400 S Flower St			10 31 7 2006
	City	State	Zip Code	Transaction ID: 24929064
	Los Angeles	CA	90007-2697	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	-
	Primary General	00 0		1
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Daniel J Daluga, , MD			Date of Receipt
	Mailing Address 4601 Penelope Ct			10 31 YYYYY 2006
	City	State	Zip Code	Transaction ID: 24929065
	West Lafayette	IN	47906-5740	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	7
	Primary General Other (specify) ▼		450.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Mark Albrecht Peterson, , MD			Date of Receipt
	Mailing Address 9715 Med Ctr Dr Ste 233 Shady Grove Ortho Asso	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 24929066
	Rockville	MD	20850	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		1000.00	
s	UBTOTAL of Receipts This Page (optional)		·····	1500.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 63
ITEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		·	
Political Action Committee of the Amer	ican Associ	iation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. C Martin Persons, , MD			Date of Receipt
Mailing Address 1604 Hospital Pky Ste			10 31 / Y Y Y Y Y
City Bedford	State TX	Zip Code	Transaction ID: 24929068
FEC ID number of contributing federal political committee.	C	76022-6932	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Michael R Green, , MD			Date of Receipt
Mailing Address 1490 E Foremaster Dr			10 31 / 2006
City	State	Zip Code	Transaction ID: 24929069
Saint George	UT	84790-4502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupation		
Receipt For:	<u> </u>	edic Surgeon e Year-to-Date ▼	
Primary General	riggrogate		1
Other (specify) ▼	0 0	1000.00	
Full Name (Last, First, Middle Initial) Dr. Ronald M Selby, , MD			Date of Receipt
Mailing Address Ortho Surgery & Sports 20 W 13th St			10 31 7 2006
City New York	State NY	Zip Code 10011-7986	Transaction ID: 24929070
		10011-7986	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation	n edic Surgeon	
Receipt For:	<u> </u>	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
SUBTOTAL of Receipts This Page (optional)			2500.00
TOTAL This Period (last nage this line number of	only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 63		
ITEMIZED RECEIPTS		or each category of the	(check only one)			
•••	LIVIIZED RECEII 13		Detailed Summary Page	X 11a 11b 11c 12 15 16 17		
Δr	y information copied from such Reports and Statements	e may	y not he sold or used by any nerso			
or	for commercial purposes, other than using the name an	nd add	dress of any political committee to	solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
$ \rangle$	Political Action Committee of the American As	ssoci	ation of Orthopaedic Surgeo	ns		
\angle				1		
Α.	Full Name (Last, First, Middle Initial) Dr. Donald Clinton Morris, Jr, MD			Date of Receipt		
	Mailing Address 695 Hill Country Dr Ste C			M M / D D / Y Y Y Y		
				10 31 2006		
	City Stat		Zip Code	Transaction ID: 24929071		
	Kerrville TX		78028-6075	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee	-		500.00		
	federal political committee.					
	Name of Employer Occu Self Employed Octh	pation	1	7		
	Seir Employed Ortho	opae	edic Surgeon			
		regate	e Year-to-Date ▼			
	Primary General Other (specify)		500.00			
	Other (specify)	0	0 0 0 0 0 0 0			
_	Full Name (Last, First, Middle Initial)					
В.	Dr. Todd W Mailly, , MD			Date of Receipt		
	Mailing Address 47 Jolley Dr			M M / D D / Y Y Y Y		
	City Stat	+o	Zip Code	10 31 2006		
	Bloomfield CT		06002-3092	Transaction ID: 24929072		
	FEC ID records or of a cartribution	_	00002-3032	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.			400.00		
	Name of Employer CT Ortho & Sports Medicine Orth	•	n edic Surgeon			
		•	Year-to-Date V	-		
	Primary General	oguio				
	Other (specify) ▼		400.00			
_	Full Name (Last, First, Middle Initial) Dr. Robert C Martin, , DO			Date of Receipt		
C.	Mailing Address 901 N Winstead Ave Ste 210			M M / D D / Y Y Y Y		
				10 31 2006		
City State			Zip Code	Transaction ID: 24929073		
	Rocky Mount NC	;	27804-8745	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee			500.00		
	federal political committee.	-				
	Name of Employer Occu Carolina Regional Orthopa-	pation	า	7		
edics Orthopa			edic Surgeon			
		regate	Year-to-Date ▼			
	Primary General Other (specify)		500.00			
	Cutch (Speedily) 🔻	0 0 0 0 0 0 0				
Г	I					
SUBTOTAL of Receipts This Page (optional)						
\vdash						
т	OTAL This Period (last page this line number only))			

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 26 / 63
•			Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or		ame and add	iress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the America	can Associ	ation of Orthopaedic Surgeo	ns
Α.	Full Name (Last, First, Middle Initial) Dr. John Thomas Killian, , MD			Date of Receipt
Α.	Mailing Address 314 Sterrett Ave			╡
	Walling Address 314 Sterrett Ave			10 31 2006
	City	State	Zip Code	Transaction ID: 24929238
	Birmingham	AL	35209-5135	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		1000.00
	Name of Employer Alabama Orthopaedic Speci-	Occupation		7
	alists	· · · · · · · · · · · · · · · · · · ·	edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1	1000.00	
	Other (specify) ▼	0 0		
_	Full Name (Last, First, Middle Initial)			Data of Baselet
В.	Dr. Audie M Rolnick, , MD	. 000		Date of Receipt
	Mailing Address 600 S Pine Island Rd St	e 300		10 31 2006
	City	State	Zip Code	Transaction ID: 24929239
	Plantation	FL	33324-3179	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		230.00
	Name of Employer Orthopaedic Center of Sou-	Occupation	1	7
	th Florida	· · · · · · · · · · · · · · · · · · ·	edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	250.00	
	Other (specify)		200.00	
_	Full Name (Last, First, Middle Initial)			
C.	Dr. David J Yasgur, , MD			Date of Receipt
	Mailing Address Katonah Medical Group 111 Bedford Rd			10 31 2006
	City	State	Zip Code	Transaction ID: 24929240
	Katonah	NY	10536-2178	Amount of Each Receipt this Period
	FEC ID number of contributing	<u> </u>		500.00
	federal political committee.	C		300.00
	Name of Employer Katonah Medical Group	Occupation		
			edic Surgeon Year-to-Date V	\dashv
	Receipt For: Primary General	Aggregate	r rear-lu-Dale ▼	.]
	Other (specify)		500.00	
	Caloi (opcoin)) \			
	UBTOTAL of Receipts This Page (optional)			1750.00
\vdash	ago (optional)			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 27 / 63	
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED REGEN 13		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Stat	ements may	not be sold or used by any perso	
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
^	Full Name (Last, First, Middle Initial)			Date of Bassist
Α.	Dr. Timothy J Clader, , MD Mailing Address 10 Hagen Dr Ste 20 LL			Date of Receipt
	Maining Address 10 Hageri Di Ste 20 LL			10 31 2006
	City	State	Zip Code	Transaction ID: 24929242
	Rochester	NY	14625-2663	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation		7
	Receipt For:		edic Surgeon e Year-to-Date ▼	_
	Primary General	Aggregate	: Teal-10-Date V	1
	Other (specify) ▼	l	250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Kevin John Bozic, , MD			Date of Receipt
	Mailing Address Univ of CA San Francisc Dept of Orthopedic Surge			11 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 24961310
	San Francisco	CA	94143-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Univ of CA San Francisco	Occupation		7
	Receipt For:	•	edic Surgeon • Year-to-Date ▼	_
	Primary General	Aggregate	Flear-to-Date V	1
	Other (specify) ▼		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Michael H Huo, , MD			Date of Receipt
٠.	Mailing Address U of TX Southwestern Me	ed School		M M / D D / Y Y Y Y
	Dept of Ortho Surgery			11 07 2006
	City	State	Zip Code	Transaction ID: 24961311
	Dallas	TX	75390-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Univ of Texas Southwestern	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1000.00	
	Other (specify)		1000.00	
٩	UBTOTAL of Receipts This Page (optional)			1500.00
\vdash	ODITAL OF HOOGIPIS THIS LAYE (Optional)			
т	OTAL This Period (last page this line number on	ly)		

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 28 / 63
ITEMIZED RECEIPTS		or each category of the	(check only one)
•••	LIVIIZED RECEIP 13	Detailed Summary Page	X 11a 11b 11c 12
Δ.	w information against from such Banarta and Statements m	by not be cold or used by any parag	13 14 15 16 17
or	ly information copied from such Reports and Statements ma for commercial purposes, other than using the name and ac	ldress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
$ \rangle$	Political Action Committee of the American Association	ciation of Orthopaedic Surgeo	ons
\angle			
	Full Name (Last, First, Middle Initial)		Data of Bassist
Α.	Dr. Thomas E Hoerner, , MD Mailing Address Fssex Orthopaedics		Date of Receipt
	Mailing Address Essex Orthopaedics 140 Haverhill St		11 07 2006
	City State	Zip Code	Transaction ID: 24961312
	Andover MA	01810-1504	Amount of Each Receipt this Period
	FEC ID number of contributing		250.00
	federal political committee.		250.00
	Name of Employer Essex Orthopaedics Octions Octions	on	
	Essex Orthopaedics Orthopa	edic Surgeon	
		te Year-to-Date ▼	
	Primary General	250.00	1
	Other (specify) ▼		
_	Full Name (Last, First, Middle Initial)		
В.			Date of Receipt
	Mailing Address Carolinas Med Ctr		11 07 2006
	Dept of Orthopaedic Surgery City State	Transaction ID: 24961313	
	Charlotte NC	Zip Code 28232	Amount of Each Receipt this Period
	EEC ID as well as of a particle stine.	LOLUL	
	FEC ID number of contributing federal political committee.		500.00
	Name of Employer Occupation Carolinas Medical Center Octhors		
		edic Surgeon te Year-to-Date ▼	_
	Primary General	to real to Bate V	1
	Other (specify) ▼	500.00	
_	Full Name (Last, First, Middle Initial)		Data of Bassist
C.	Dr. Michael B Vessely, , MD		Date of Receipt
	Mailing Address 522 Second St		11 07 2006
	City State	Zip Code	Transaction ID: 24961314
	<u>Lake Oswego</u> OR	97034-3129	Amount of Each Receipt this Period
	FEC ID number of contributing		1000.00
	federal political committee.		1000.00
	Name of Employer Occupating Portland Clinic Outloom	on	
	Portland Clinic Orthopa	edic Surgeon	
	Receipt For: Aggrega	te Year-to-Date ▼	
	Primary General	1750.00	1
	Other (specify) ▼	1700.00	1
Г			
s	UBTOTAL of Receipts This Page (optional)	_	1750.00
Ĕ			-
۱.	OTAL This Period (last page this line number only)	•	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 29 / 63
ITEMIZED RECEIPTS			or each category of the	(check only one)
11	EINIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any person ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
_	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Audley M Mackel, III, MD			Date of Receipt
	Mailing Address 4200 Warrensville Center Ste 250	r Rd		11 07 2006
	City	State	Zip Code	Transaction ID: 24961315
	Cleveland	OH	44122-7000	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Associates in Orthopaedics	Occupation Orthopae	n dic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General		1000.00	
	Other (specify) ▼	0 0	1000.00	
3.	Full Name (Last, First, Middle Initial) Dr. Joseph Noah, , MD			Date of Receipt
	Mailing Address 836 Sunset Lake Blvd Ste	e 205		11 07 2006
	City	State	Zip Code	Transaction ID: 24961327
	Venice	FL	34292-7556	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Suncoast Ortho & Sports	Occupation	1	
	Medicine & Sports	Orthopae	dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
 C.	Full Name (Last, First, Middle Initial) Dr. George K Nichols, , MD			Date of Receipt
	Mailing Address 1155 35th Iane Ste 100			1 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 24961328
	Vero Beach	FL	32960-6572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Vero Orthopaedics	Occupation Orthopae	n dic Surgeon]
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)		>	2000.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 30 / 63 (check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
۸.	Full Name (Last, First, Middle Initial) Dr. Felix A Rodriguez-del Rio, , MD			Date of Receipt
	Mailing Address Centro Medico Mail Stati #233 GPD BOX 70344	on		11 07 2006
	City San Juan	State PR	Zip Code 00936	Transaction ID: 24961329
	FEC ID number of contributing federal political committee.	C	00930	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Dr. Stanley R Rothschild, , MD	Date of Receipt		
	Mailing Address 3301 New Mexico Ave N	11 07 2006		
	City	State	Zip Code	Transaction ID: 24961330
	Washington FEC ID number of contributing federal political committee.	C	20016-3610	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation	n edic Surgeon	
	Receipt For:	•	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
).	Full Name (Last, First, Middle Initial) Dr. John G Heller, , MD			Date of Receipt
	Mailing Address 59 Executive Park South	NE Ste 30	00	11 07 2006
	City	State	Zip Code	Transaction ID: 24961331
	Atlanta FEC ID number of contributing	GA	30329-2208	Amount of Each Receipt this Period
	federal political committee.	C		1000.00
	Name of Employer Emory Spine Center	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2000.00	
SI	JBTOTAL of Receipts This Page (optional)			1750.00
т	OTAL This Period (last page this line number on	ly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 63
ITEMIZED RECEIPTS			or each category of the	(check only one)
• •	EIVIIZED NECEIP I 3		Detailed Summary Page	X 11a 11b 11c 12
			2 otaliou ourilliary i ago	13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the nan	ments may	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Kenneth Levitsky, , MD			Date of Receipt
	Mailing Address 28-04 Broadway	11 07 7 2006		
	City	State	Zip Code	Transaction ID: 24961332
	Fairlawn	NJ	07410-3913	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Cardon Stata Orthonordica	Occupation Orthopae	n dic Surgeon	
			Year-to-Date ▼	
	Primary General	33 -3		7
	Other (specify) ▼	0 0	500.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Robert Thomas Fisher, , MD			Date of Receipt
	Mailing Address 52 Thomas Johnson Dr	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	
	Frederick	MD	•	Transaction ID: 24961338
	Frederick	MD	21702-4300	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer	Occupation	1	\neg
	Orthopaedic Specialists of Frederick	Orthopae	dic Surgeon	
		Aggregate	Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼	0 0	500.00]
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Jonathan L Grantham, , MD			Date of Receipt
	Mailing Address Freeman Ortho & Sports N 1111 McIntosh Cir	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Z 0 0 6		
	City	State	Zip Code	Transaction ID: 24961340
	<u>Joplin</u>	MO	64804-3645	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			1000.00
	Freeman Health System	Occupation Orthopae	n dic Surgeon	7
			Year-to-Date ▼	7
	Primary General	00 0		1
	Other (specify) ▼	0 0	1000.00	
s	UBTOTAL of Receipts This Page (optional)			2000.00
\vdash				

SCHEDIII E A (EEC Form 2V)				FOR LINE NUMBER: PAGE 32 / 63
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	y information copied from such Reports and Sta	atamante mav	y not be sold or used by any person	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	Political Action Committee of the Ameri	can Accoci	ation of Orthonaedic Surger	one
	Tomical Action Committee of the Amen	Call Assuci	ation of Orthopaedic Surget	JIIS
	Full Name (Last, First, Middle Initial)			
A.	Dr. J Andrew Parr, , MD			Date of Receipt
	Mailing Address 5944 Crestview Ave			M M / D D / Y Y Y Y
				11 07 2006
	City	State	Zip Code	Transaction ID: 24961341
	Indianapolis	IN	46220-2751	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Employer Indiana University	Occupation		
			edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1	250.00	7
	Other (specify) ▼	0 0	200.00	1
D	Full Name (Last, First, Middle Initial) Dr. Mark Thomas O'Meara, , MD			Date of Receipt
Ь.				<u> </u>
	Mailing Address 652 S 8th Ave	11 07 2006		
	City	State	Zip Code	Transaction ID: 24961343
	West Bend	WI	53095-3906	Amount of Each Receipt this Period
		VVI	33093-3900	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			500.00
	rederal political committee.			
	Name of Employer West Bend Clinic	Occupation	1	\neg
	West Bend Clinic	Orthopae	edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)		500.00	
_	Full Name (Last, First, Middle Initial)			
C.	Dr. Stephen T Imrie, , MD			Date of Receipt
	Mailing Address 123 Di Salvo Ave			11 07 2006
	City	State	Zip Code	
	San Jose	CA		Transaction ID: 24961344
		UA	95128-1717	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	rederai politicai committee.			
	Name of Employer	Occupation	1	
	Self Employed	Orthopae	edic Surgeon	
	Receipt For:		Year-to-Date ▼	7
	Primary General	111		7
	Other (specify) ▼		300.00	
	-			
s	UBTOTAL of Receipts This Page (optional)			1050.00
\vdash				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 63 (check only one) X 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surgeo	ons	
Full Name (Last, First, Middle Initial) Dr. Harry C Eschenroeder, Jr, MD Mailing Address 2019 Tate Springs Ro City Lynchburg FEC ID number of contributing federal political committee. Name of Employer Central Virginia Orthopaedics PC Receipt For: Primary General Other (specify)	State VA C Occupatio Orthopae	Zip Code 24501-1119 n edic Surgeon e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Billings FEC ID number of contributing federal political committee.	State MT	Zip Code 59101-7504	Transaction ID: 24961346 Amount of Each Receipt this Period 500.00	
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		n edic Surgeon e Year-to-Date ▼]	
Full Name (Last, First, Middle Initial) Dr. Charles Edward Barnes, , MD Mailing Address 3308 Bondwood Cir City Johnson City FEC ID number of contributing federal political committee. Name of Employer Appalachian Orthopaedic Associates Receipt For: Primary General	_,	Zip Code 37604-8907 n edic Surgeon e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		500.00	1500.00	

SCHEDULE A (FEC Form 3X)			Harris and a selection of the selection (s)	FOR LINE NUMBER: PAGE 34 / 63
·			Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or		ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns
Α.	Full Name (Last, First, Middle Initial) Dr. Brent Allen, , MD			Date of Receipt
	Mailing Address 4760 W Sunset Blvd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 24961400
	Los Angeles	CA	90027-6063	Amount of Each Receipt this Period
	•		1 1 1 1 1 1	
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self Employed	Occupation	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	_
	Primary General	7.99.094.0		1
	Other (specify)		350.00	
В.	Full Name (Last, First, Middle Initial) Dr. John H Mahon, , MD			Date of Receipt
	Mailing Address 8602 N Cardinal Dr			M " M / D " D / Y " Y " Y " Y
				11 07 2006
	City	State	Zip Code	Transaction ID: 24961401
	Phoenix	AZ	85028-6102	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			555.55
	Name of Employer	Occupation	1	_
	Scottsdale Orthopaedic Surgeons	Orthopae	edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial)			
C.	Dr. Samuel E Smith, , MD			Date of Receipt
	Mailing Address Front Range Orthopedic 1551 Professional Ln Ste	Surgery 200		11 07 2006
	City	State	Zip Code	Transaction ID: 24961402
	Longmont	CO	80501-6964	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			230.00
	Name of Employer Front Range Orthopedic	Occupation Orthopae	n edic Surgeon	
	Receipt For:	•	Year-to-Date ▼	
	Primary General		050,00	1
	Other (specify) ▼		250.00	
				272.22
s	UBTOTAL of Receipts This Page (optional)			850.00
\vdash			·	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 35 / 63
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	y information copied from such Reports and State	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Jack Farr, II, MD			Date of Receipt
	Mailing Address 5255 E Stop 11 Rd Ste 30	00		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 24961403
	Indianapolis	IN	46237-6340	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Self Employed	Occupation	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		
	Other (specify) ▼		1000.00	
3.	Full Name (Last, First, Middle Initial) Dr. Richard M Gray, , MD			Date of Receipt
	Mailing Address 14547 Bruce B Downs Blv	1 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 24961404
	Tampa	FL	33613-2709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Florida Medical Clinic	Occupation		
		•	edic Surgeon	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. Samuel D D'Agata, , MD			Date of Receipt
٠.	Mailing Address 207 Blooming Grove Rd			M M / D D / Y Y Y Y
				11 14 2006
	City	State	Zip Code	Transaction ID: 24995374
	Hanover	PA	17331-7917	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	7		
		•	edic Surgeon	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		500.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00
	·		·	
T	OTAL This Pariod (last nage this line number only	v)	b	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 63 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns
Α.	Full Name (Last, First, Middle Initial) Dr. Jacob Samuel Heydemann, , MD Mailing Address 858 River Oaks City El Paso FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Other (specify)		Zip Code 79912-3420 n edic Surgeon e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Dr. James P Tasto, , MD Mailing Address 6719 Alvarado Rd Ste 20 City San Diego FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State CA C Occupation Orthopae	Zip Code 92120-5256 n edic Surgeon 9 Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
D .	Other (specify) Full Name (Last, First, Middle Initial) Dr. Melvyn Augustus Harrington, , MD Mailing Address Loyola Univ Med Ctr Dept Orthop Bldg 105 Rn City Maywood FEC ID number of contributing federal political committee.	n 1700 State IL	Zip Code 60153	Date of Receipt M M M / D D M / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Loyola Univ Med Ctr Receipt For: Primary General Other (specify) ▼		edic Surgeon Year-to-Date 1000.00	
S	UBTOTAL of Receipts This Page (optional)		·····	1350.00
т	OTAL This Period (last page this line number onl	v)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 37 / 63
	•		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Fage	13 14 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the American	can Associ	ation of Orthopaedic Surgeo	ns
Α.	Full Name (Last, First, Middle Initial) Dr. Raymond M P Sherman, , MD			Date of Receipt
	Mailing Address 3923 Orchard St			11 14 2006
	City	State	Zip Code	Transaction ID: 24996796
	Sioux City	IA	51104-1341	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify) ▼		500.00	
				•
В.	Full Name (Last, First, Middle Initial) Dr. Terry K Gemas, , MD			Date of Receipt
	Mailing Address Lakewood Orthopaedics		Med	M M / D D / Y Y Y Y
	9219 Garland Rd #2107			11 14 2006
	City	State	Zip Code	Transaction ID: 24996797
	Dallas	TX	75218-3638	Amount of Each Receipt this Period
	FEC ID number of contributing	C		200.00
	federal political committee.	0		
	Name of Employer	Occupation	า	_
	Self Employed		edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		100,00	1
	Other (specify) ▼		400.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Mark J Anders, , MD			Date of Receipt
٥.	Mailing Address 462 Grider St			M M / D D / Y Y Y Y
	Walling Address 402 Grider St			11 14 2006
	City	State	Zip Code	Transaction ID: 24996799
	Buffalo	NY	14215-3098	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer	Occupation	า	
	University Orthópaedics Inc	Orthopae	edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	500.00	1
	Other (specify)		500.00	
				1000.00
s	UBTOTAL of Receipts This Page (optional)			1200.00
\vdash	·		•	-

PAGE 38 / 63 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons Full Name (Last, First, Middle Initial) A. Dr. John F Tompkins, II, MD Date of Receipt Mailing Address Univ of OK Health Sciences Ctr 2006 1.1 14 Dept of Ortho Surg Ste WP1380 City State Zip Code Transaction ID: 24996800 Oklahoma City OK 73104 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 C federal political committee. Name of Employer Univ of Oklahoma Occupation Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date V Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Jack L Deetjen, , MD Date of Receipt Mailing Address 515 N King St Ste 106 14 2006 City State Zip Code Transaction ID: 24996802 Seguin TX 78155-4815 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date V Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) C. Dr. Robert John Bischoff, , MD Date of Receipt Mailing Address 207 Blooming Grove Rd 14 2006 1.1 Citv State Zip Code Transaction ID: 24996805 Hanover PA 17331-7917 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional)

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		GE 39 / 63	
	ITEMIZED RECEIPTS		or each category of the	(check only one)	
••	LIMIZED REGENT 10		Detailed Summary Page	X 11a 11b 11c	\rightarrow $-$
Δ				13 14 15	16 17
or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	rnot be sold or used by any perso dress of any political committee to	n for the purpose of soliciting co solicit contributions from such c	ntributions :ommittee.
	NAME OF COMMITTEE (In Full)		71		
$ \rangle$	Political Action Committee of the America	can Associ	ation of Orthopaedic Surgeo	ns	
	Full Name (Last, First, Middle Initial)			5. (5.).	
A.	Dr. James H Ellison, , MD	<u> </u>		Date of Receipt	
	Mailing Address 207 Blooming Grove Rd			1 1 1 4	2006
	City	State	Zip Code	Transaction ID: 249968	
	Hanover	PA	17331-7917	Amount of Each Receipt the	
	FEC ID number of contributing				1 1 1
	federal political committee.	C			500.00
	Name of Employer	Occupation	2		
	Name of Employer Self Employed		edic Surgeon		
	Receipt For:		Year-to-Date ▼		
	Primary General				
	Other (specify) ▼		500.00		
D	Full Name (Last, First, Middle Initial)			Date of Receipt	
Ь.	Dr. Francis Xavier Kilkelly, , MD Mailing Address 29 Cornell Dr			M M / D D / Y	YYY
	Walling Address 29 Cornell Di			11 14	2006
	City	State	Zip Code	Transaction ID: 249968	07
	Hanover	PA	17331-9767	Amount of Each Receipt the	
	FEC ID number of contributing				500.00
	federal political committee.	C			300.00
	Name of Employer	Occupation	 1	_	
	Name of Employer Self Employed		edic Surgeon		
	Receipt For:		Year-to-Date ▼		
	Primary General		E00.00		
	Other (specify) ▼		500.00		
	Full Name (Local First Affill Livin)				
C.	Full Name (Last, First, Middle Initial) Dr. Anthony L Brown, , MD			Date of Receipt	
	Mailing Address 3235 Vollmer Rd Ste 14	7		⊣	YYY
				11 14	2006
	City	State	Zip Code	Transaction ID: 249968	08
	Flossmoor	IL	60422-2040	Amount of Each Receipt the	nis Period
	FEC ID number of contributing	С			250.00
	federal political committee.				
	Name of Employer	Occupation			
	Self Employed		edic Surgeon		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify)		250.00		
	Other (specify)	0 0	0 0 0 0 0 0 0		
Г					
s	UBTOTAL of Receipts This Page (optional)				1250.00
\vdash	ago (optional)				-
T	OTAL This Period (last page this line number or	nly))		

SCHEDULE A (FEC Form	1 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 40 / 63
ITEMIZED RECEIPTS	•	or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Repo or for commercial purposes, other than	rts and Statements may using the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Political Action Committee of t	he American Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Pamela Fillebrown Davis, , MD			Date of Receipt
Mailing Address 4622 Progress	Dr Ste C		11 14 2006
City	State	Zip Code	Transaction ID: 24996809
<u>Davenport</u>	IA	52807-3483	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ORA	Occupation Orthopae	n edic Surgeon	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) 3. Dr. John W Lamb, , MD	!		Date of Receipt
Mailing Address 2010 Church S	t Ste 720		1 1 1 1 4 2 0 0 6
City	State	Zip Code	Transaction ID: 24996810
<u>Nashville</u>	TN	37203-2076	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation		
Receipt For:		edic Surgeon e Year-to-Date ▼	
Primary General	Aggregate		1
Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr. J Kenneth Burkus, , MD	•		Date of Receipt
Mailing Address 6262 Veterans	Pkwy		11 1 4 2006
Calumbus	State	Zip Code	Transaction ID: 24997210
Columbus	GA	31909-3540	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Hughston Clinic	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
SUBTOTAL of Receipts This Page (op	otional)		750.00
TOTAL This Period (last page this line	number only)		

	г		
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 41 / 63
ITEMIZED RECEIPTS		or each category of the	(check only one)
TI LIMIZED TILOLII 13		Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
Any information copied from such Reports and Stat or for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial)			
Dr. Robert Mark Hazel, , MD			Date of Receipt
Mailing Address 6701 Heritage Pkwy Ste	140		1 1
City	State	Zip Code	Transaction ID: 24997212
Rockwall	TX	75087-8799	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation		7
		dic Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify)	' '	500.00	
Other (specify)	0 0		
Full Name (Last, First, Middle Initial) 3. Dr. John S Kirkpatrick, , MD			Date of Receipt
Mailing Address University of Alabama at	Birmingha	 }	M M / D D / Y Y Y Y
Dept of Orth0-940 Facult		-	11 14 2006
City	State	Zip Code	Transaction ID: 24997213
<u>Birmingham</u>	AL	35294-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer Univ of Alabama at Birmin-	Occupation		
gham		dic Surgeon	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	
Other (specify)	' '	1500.00	
Curior (openity)	0 0		J.
Full Name (Last, First, Middle Initial) Dr. Stephen D Helper, , MD			Date of Receipt
Mailing Address 29001 Cedar Rd Ste 519	<u> </u>		M M / D D / Y Y Y Y
			11 14 2006
City	State	Zip Code	Transaction ID: 24997214
Lyndhurst	OH	44124-4041	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Self Employed	Occupation		7
	· · · · · · · · · · · · · · · · · · ·	dic Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General		450.00	
Other (specify)		100.00	1
SUBTOTAL of Receipts This Page (optional)			1350.00
OSSISTAL OF FLOODING THIS Fage (optional)		······································	

S	CHEDULE A (FEC Form 3X)		Llas apparata ashadula(a)	FOR LINE NUMBER: PAGE 42 / 63
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	r not be sold or used by any persol ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surge	ons
A.	Full Name (Last, First, Middle Initial) Dr. James K McKechnie, , MD			Date of Receipt
	Mailing Address 103 Professional Plz			11 1 14 2006
	City	State	Zip Code	Transaction ID: 24997215
	Mattoon	<u>IL</u>	61938-9252	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	•	Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify) ▼	0 0	1000.00	
В.	Full Name (Last, First, Middle Initial) Dr. Jim K Hudson, , MD			Date of Receipt
	Mailing Address 3635 Bienville Blvd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 24997216
	Ocean Springs	MS	39564-5711	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Bienville Orthopaedic Spe-	Occupation		
	cialists		edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ♥		750.00	
	Cuter (speerly)	0 0	0 0 0 0 0 0 0	-
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. David A Bernstein, , MD			Date of Receipt
	Mailing Address New Mexico Orthopaedic 201 Cedar SE Ste 6600	es		1 1 1 4 2 0 0 6
	City	State	Zip Code	Transaction ID: 24997217
	Albuquerque	NM	87106-5411	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer	Occupation	1	
	New Mexico Orthopaedic Associates	Orthopae	edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	7
	Other (specify) ▼		300.00	1
s	UBTOTAL of Receipts This Page (optional)			1750.00
Т	OTAL This Period (last page this line number on	lv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 63 (check only one) X
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the American	can Associ	iation of Orthopaedic Surgeo	ons
A.	Full Name (Last, First, Middle Initial) Dr. Hugh Carroll McLeod, Ill, MD Mailing Address 1163 Johnson Ferry Rd City Marietta FEC ID number of contributing federal political committee. Name of Employer Atlanta Orthopaedic Specialists Receipt For: Primary General Other (specify)	State GA C Occupation Orthopae	Zip Code 30068-2764 In edic Surgeon e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Dr. John Quentin Smith, , MD Mailing Address 3235 S Westbury PI City Eagle FEC ID number of contributing federal political committee. Name of Employer West Idaho Orthopaedics Receipt For: Primary General Other (specify)		Zip Code 83616-6776 n edic Surgeon e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	Full Name (Last, First, Middle Initial) Dr. Thomas J Sabourin, , MD Mailing Address 2152 David Way City Del Mar FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Zip Code 92014-2248 n edic Surgeon e Year-to-Date ▼ 225.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		_	625.00
T	OTAL This Period (last page this line number or	nlv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 63 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. David E Nonweiler, , MD Mailing Address William Medical Bldg 6585 S Yale Ste 200			Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Tulsa	State OK	Zip Code 74136-8315	Transaction ID: 24997221 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	74130-0313	250.00
	Name of Employer Central States Orthopaedic Specialists Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		edic Surgeon e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Dr. Alan G Lewis, , MD Mailing Address Eastern Oklahoma Ortho			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City 6475 S Yale Ave Ste 301	State	Zip Code	Transaction ID: 24997222
	<u>Tulsa</u>	OK	74136-7815	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Eastern Oklahoma Orthopae- dic Center	•	edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Э.	Full Name (Last, First, Middle Initial) Dr. S Terry Canale, , MD			Date of Receipt
	Mailing Address Campbell Clinic 1400 S Germantown Rd City	State	Zip Code	1 0 2 3 2 0 0 6 Transaction ID: 25070628
	Germantown	TN	38138-2205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Campbell Clinic		edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
S	UBTOTAL of Receipts This Page (optional)			750.00
Т	OTAL This Period (last page this line number on	lv)		

0	CHEDIII E A /EEC Eoum 2V)			FOR LINE NUMBER: PAGE 45 / 63
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ΙT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	by information copied from such Reports and Sta	tomonte may	y not be sold or used by any pers	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the America	can Associ	ation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. John P Ternes, , MD			Date of Receipt
	Mailing Address 3707 Mooreland Farms	Rd		10 23 2006
	City	State	Zip Code	Transaction ID: 25070629
	Charlotte	NC	28226-5404	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Charlotte Orthopedic Specialists Receipt For: Primary General Other (specify) ▼		edic Surgeon • Year-to-Date ▼	
В.	Full Name (Last, First, Middle Initial) Dr. Miers C Johnson, III, MD			Date of Receipt
	Mailing Address Saltzer Medical Group 215 E Hawaii			10 23 7 2006
	City	State	Zip Code	Transaction ID: 25070631
	Nampa	ID	83686-6011	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Saltzer Medical Group	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Carey E Winder, , MD			Date of Receipt
	Mailing Address 8080 Bluebonnet Blvd S	te 1000		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25070632
	Baton Rouge	LA	70810-7827	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Baton Rouge Orthopaedic Clinic Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		edic Surgeon • Year-to-Date ▼ 850.00]
s	UBTOTAL of Receipts This Page (optional)			650.00
1				

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 46 / 63
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
<u>()</u>	NAME OF COMMITTEE (In Full)		and the state of t	
$ \rangle$	Political Action Committee of the Ameri	can Associ	ation of Orthonaedic Surgeo	ne
		04117100001	anon or orthopassis sarges	
_	Full Name (Last, First, Middle Initial)			
Α.	Dr. Michael Holland, , MD			Date of Receipt
	Mailing Address 1307 Crawley-Rayne Hu	wy Ste D		10 23 2006
	City	State	Zip Code	Transaction ID: 25070634
	Crowley	LA	70526-8210	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		1000.00
	Name of Employer	Occupation	<u> </u>	\dashv
	Name of Employer Self Employed		dic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General		4000.00	1
	Other (specify)		1000.00	
В.	Full Name (Last, First, Middle Initial) Dr. John Patrick Reilly, , MD			Date of Receipt
	Mailing Address 60 Coperflag Ln			M M / D D / Y Y Y Y
				10 23 2006
	City	State	Zip Code	Transaction ID: 25070635
	Staten Island	NY	10304-1158	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer Self Employed	Occupation		
		<u> </u>	edic Surgeon	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		250.00	
	Carlor (openity) 🔻		1 1 1 1 1 1 1	
_	Full Name (Last, First, Middle Initial)			
C.	Dr. Richard J Mason, , MD			Date of Receipt
	Mailing Address 510 Idlewild Ave			10 23 2006
	City	State	Zip Code	Transaction ID: 25070636
	Easton	MD	21601-3855	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		230.00
	Name of Employer	Occupation	<u> </u>	\dashv
	Name of Employer Self Employed		edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		250.00	
6	UBTOTAL of Receipts This Page (optional)			1500.00
\vdash	ODITAL OF HOOGIPES THIS Fage (Optional)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 47/63
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and Stateme	ents may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the name	and add	ress of any political committee to	solicit contributions from such committee.
/	NAME OF COMMITTEE (In Full)		arta a regional de la companya de la	
/	Political Action Committee of the American	Associa	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Paul E Hughes, , MD			Date of Receipt
	Mailing Address 50 S San Mateo Dr Ste 440			10 23 2006
	City	State	Zip Code	Transaction ID: 25070637
	•	CA	94401-3833	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Name of Employer	ccupation	1	1
			dic Surgeon	
		ggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial)			
3.	Dr. Ward Sayre Oakley, Jr, MD			Date of Receipt
	Mailing Address PO Box 2000			10 23 2006
	City	State	Zip Code	Transaction ID: 25070639
	<u>Pinehurst</u>	NC	28370-2000	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			500.00
	Name of Employer October Self Employed	ccupation	l	7
			dic Surgeon	
		ggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	500.00	
		0 0	0 0 0 0 0 0 0 0	
Э.	Full Name (Last, First, Middle Initial) Dr. Thomas H Thompson, , MD			Date of Receipt
	Mailing Address 2508 NW Medical Park Dr			M M / D D / Y Y Y Y
	City	Ctat-	7in Cod-	10 20 2006
		State OR	Zip Code 97470-5505	Transaction ID: 25087246
	FFC ID remarks of a satisfaction		3/4/U-00U0	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			0.00
	Self Employed	ccupation		7
			dic Surgeon	-
		ggregate	Year-to-Date ▼	[MEMO ITEM]
	Primary General Other (specify) ▼		250.00	Refund(s) on Schedule B Totaling \$250.00 This changes the YTD Total to \$25-
	(-p/) v	0 0		nges the YTD Total to \$25- 0.00
s	UBTOTAL of Receipts This Page (optional)			750.00
	,		<u> </u>	62425.00
T	OTAL This Period (last nage this line number only)		•	02723.00

S

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 63 (check only one) 11a 11b 11c 12 13 14 15 X 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Amer	rican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Friends Of Mark Foley Mailing Address 1316 Lake Victoria Dr		Date of Receipt 1 0 3 0 2 0 0 6
City	State Zip Code	Transaction ID: 24922339
Lake Worth FEC ID number of contributing federal political committee. Name of Employer	FL 33461 C C00289140 Occupation	Amount of Each Receipt this Period 1000.00
Receipt For: 2006 Primary General X Other (specify) 2006 Congress Gen-	Aggregate Year-to-Date ▼	Return of contribution

SUBTOTAL of Receipts This Page (optional)	>	1000.00
TOTAL This Period (last page this line number only)	•	1000.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 63 (check only one) 11a 11b 11c 12 13 14 X 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	rican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) American Assoc of Orthopaedic Surgeons Mailing Address 6300 N River Road		Date of Receipt 11 2 2 7 2 0 0 6
City Rosemont FEC ID number of contributing	State Zip Code IL 60018	Transaction ID: 25034806 Amount of Each Receipt this Period 1745.03
Name of Employer	Occupation	1740.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 14943.50	Refund of bank fees from affiliated organization

SUBTOTAL of Receipts This Page (optional)	>	1745.03
TOTAL This Period (last page this line number only)	•	1745.03

	CHEDOLE B (I LOT OHII 3X)	Use seperate schedu				LINE I	NUMBE one)	:H:			PAGI	E 50 /	63
IT	EMIZED DISBURSEMENTS	for each category of t Detailed Summary Pa		۱.	<u>X</u> 2	11b	22 28a		23 28b	\square	24 28c	25 29	26 30b
	y Information copied from such Reports and State												
or	for commercial purposes, other than using the nan	ne and address of any pol	olitical co	mr	nittee	to son	cit conti	ribut	ions tr	om su	icu con	nmittee	
$ \rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the America	on Accordation of Orth	honad	io	Sur	noone							
Z	Folitical Action Committee of the America	II Association of Offi	пораец	ic	Surg	geons							
Α.	Full Name (Last, First, Middle Initial)									_	53695	5	
Λ.	Northern Trust Company							_	isburs			YY	Y
	Mailing Address 50 S. LaSalle St.						1 0		2	27	L.	ž 0 ŏ	6
	City	State Zip Code IL 60675					Amou	ınt o	f Each	n Disb	urseme	ent this	Period
	Chicago Purpose of Disbursement	IL 60675							-		-	706	.30
	Bank fees deducted from account			(001								
	Candidate Name			Cat	tegor ype	y/							
	Office Sought: House Disburs Senate	ement For:	uoral						s ded	ucte	d from		
	President	Other (specify)	iciai				accou	ınt					
	State: District:												
В.	Full Name (Last, First, Middle Initial) Northern Trust Company								ion ID isburs	_	53696	5	
							М	м		0 6		ž 0 ŏ	Y
	Mailing Address 50 S. LaSalle St.						1 1) 6		200	6
	City Chicago	State Zip Code IL 60675					Amou	ınt o	f Each	ı Disb	urseme	ent this	Period
	Purpose of Disbursement		Г			\neg						1038	.73
	Bank fees deducted from account		_		001								
	Candidate Name		'		tegor ype	y/							
	Office Sought: House Disburs	ement For:			,,		Rank	foo	c dad	lucto	d from		
	Senate	Primary Gene	eral				accol		s ucu	ucie	וווטוו ג		
	President State: District:	Other (specify)											
	Full Name (Last, First, Middle Initial)						Trans	sact	ion ID	: 250	86687	,	
C.	Northern Trust Company						Date	of D	isburs	emen			
	Mailing Address 50 S. LaSalle St.						1 1	М	/ D 2	27	/ Y	ž 0 ŏ	6 ^Y
	City Chicago	State Zip Code IL 60675					Amou	ınt o	f Each	n Disb	urseme	ent this	Period
	Purpose of Disbursement	12 00073	Тг			\neg						394	.86
	Bank fees deducted from account Candidate Name			Cat	001 tegor ype	y/							
	Office Sought: House Disburs	ement For:			•		Rank	fee	פ לבל	lucto	d from		
	Senate	Primary Gene	eral				accol		J UGU	uolo	J 11 O111		
	President State: District:	Other (specify)											
٩	UBTOTAL of Disbursements This Page (optional)					•		-		-		2139.	89
								-	-	-			
Т	OTAL This Period (last page this line number only	')					L.					2139.	89

SCILDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check on	: NUMBER:		PAGE	51 / 63	3		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a		24 28c	25 29	26 30b		
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name									
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	and address of any political co	orininilee to S	UNCIL CONTRIBU	uons from St	ucii comn	iillee			
Political Action Committee of the American	Association of Orthopaed	ic Surgeon	S						
Full Name (Last, First, Middle Initial)				tion ID: 248					
John D. Dingell For Congress Committee			Date of Disbursement						
Mailing Address 607 14th Street N.W. Suite 800			1 0	[/] 20	2	0 0 6			
	tate Zip Code DC 20005		Amount	of Each Disb	ursement	this Pe	eriod		
Purpose of Disbursement	20000		† <u> </u>		4	000.00) <u> </u>		
		011							
Candidate Name Rep. John D. Dingell		Category/ Type							
Office Sought: X House Disburser Senate	nent For: 2006 Primary General								
	Other (specify)								
	ngress Genera								
Full Name (Last, First, Middle Initial)				ion ID: 248					
Gene Green Congressional Campaign			Date of D	Disbursemen		· V · \	7		
Mailing Address PO Box 16128			1 0	20	´	0 0 6			
,	tate Zip Code X 77222		Amount	of Each Disb	ursement	this Pe	eriod		
Purpose of Disbursement			<u> </u>		2	000.00)		
One Political Name		011							
Candidate Name Rep. Gene Green		Category/ Type							
Office Sought: X House Disburser			=						
	Primary General Other (specify) ▼								
	ngress Genera								
Full Name (Last, First, Middle Initial)				tion ID: 248					
Dutch Ruppersberger For Congress			Date of D	Disbursemen		· V · V	7		
Mailing Address 22 West Padonia Road Suite A307			1 0 1	20	<u> </u>	0 0 6			
,	tate Zip Code MD 21093		Amount	of Each Disb	ursement	this Pe	eriod		
Purpose of Disbursement	21000				. 1	000.00	כ		
		011							
Candidate Name C.A. Dutch Ruppersberger		Category/ Type							
Office Sought: X House Disburser	nent For:2006		1						
	Primary General								
	Other (specify) ▼ ngress Genera								
	<u> </u>								
SUBTOTAL of Disbursements This Page (optional)		>				00.00)		
TOTAL This Period (last page this line number only) .		•							

SCHEDOLE B (I EC		erate schedule(s)		(check o				[P	AGE	52 / 6	3	
TEMIZED DISBURS	SEMENTS		category of the Summary Page		21b 27		· —	23 28b	24 28c	П	25 29	26 30l
Any Information copied from suc												
or for commercial purposes, oth NAME OF COMMITTEE (Ir		e and addres	ss of any political	COITII	millee to	SOIICII	CONTINUE	Juons Iro	om sucm	COMM	шиее	
Political Action Commit	•	n Associat	ion of Orthopa	edic	Surgeo	ns						
Full Name (Last, First, Midd	,								248813	303		
Stabenow For Us Senat	е			Date of Disbursement								
Mailing Address PO Bo	ox 4945						1 0 "	2	0 /		0 Ď 6	
City East Lansing		State MI	Zip Code 48826				Amount	of Each	Disburse	emen	t this P	eriod
Purpose of Disbursement							<u></u>			, 2	500.0	0
Candidate Name					011							
Sen. Debbie Stabenow					tegory/ ype							
Office Sought: Hous		ement For: Primary	2006 X General									
χ Sena Pres		Other (spe										
State: MI District:												
Full Name (Last, First, Midd Friends Of John Tanner									248812	292		
- Friends Of John Tanner							Date of	Disburse	D /	ΥΥ	Y	Υ
	Office Box 1994 Office Box 1994						1 0	2	0	2	0 Ď 6	
City Union City		State TN	Zip Code 38281				Amount	of Each	Disburs	emen	t this P	eriod
Purpose of Disbursement							L			. 2	0.000	0
Candidate Name					011							
Rep. John S. Tanner					tegory/ ype							
Office Sought: X Hous		ement For: Primary	2006 General									
Pres		Other (spe										
State: TN District: Full Name (Last, First, Midd		ongress G	ienera									
Jerry Weller For Congre	,						Date of	Disburse				
Mailing Address P.O. E	3ox 15283						10	[′] 2	0 /	ž	0 Ď 6	Y
City Washington		State DC	Zip Code 20003				Amount	of Each	Disburse	emen	t this P	eriod
Purpose of Disbursement										1	000.0	0
Candidate Name					011							
Rep. Jerry Weller					tegory/ ype							
Office Sought: X House		ement For:	2006									
Sena Pres		Primary Other (spe	General									
State: IL District:		ongress G										
SUBTOTAL of Disbursements	This Page (optional)				▶					5	500.0	0
TOTAL This Paried (last same	this line number only					•				-		
TOTAL This Period (last page	uns inte number only)				🕨	•						

SCILDOLL B (I LCI OIII 3X)	Use seperate schedule(s)			IE NUMI nly one)	3EK:		[P	AGE	53 / 6	3	_
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28	a X	23 28b	24 28c	Н	25 29	20	6 0b
Any Information copied from such Reports and State or for commercial purposes, other than using the nan										•	
 NAME OF COMMITTEE (In Full) 	ic and address of any political co	OHIIII	10 8	SOHOIL GO	ııııı	1101101110	JIII SUCII	COMM	iill CC		
Political Action Committee of the America	n Association of Orthopaec	dic S	urgeor	ns							
Full Name (Last, First, Middle Initial)							248813	311			
Feinstein For Senate				Dat	te of D	Disburse / D		Y Y	Y	Υ	
Mailing Address 601 S Glenoaks Blvd #2	11			1	0	2	0 /	2	0 Ď 6		
City Burbank	State Zip Code CA 91502			Am	ount o	of Each	Disburse	ement	this P	eriod	
Purpose of Disbursement	OA 31302			$+$ Γ				2	000.0	0	
		01									
Candidate Name Sen. Dianne Feinstein		Cate Ty									
Office Sought: House Disburs	ement For: 2006 Primary X General										
President	Other (specify)										
State: CA District: 1											_
Full Name (Last, First, Middle Initial) 3. Independent Action Inc.						t ion ID: Disburse	248812	291			
<u> </u>				М	М	/ D	D /	Y	0 ŏ 6	Υ	
Mailing Address 1619 13th Street, NW				1	Ů		0		006		
City Washington	State Zip Code DC 20009			Am	ount o	of Each	Disburse	ement	this P	eriod	
Purpose of Disbursement			-	1 L				2	500.0	0	
Candidate Name		01									
Candidate Name		Cate Ty	gory/ pe								
	ement For:										
Senate President	Primary General Other (specify) ▼										
State: District:											
Full Name (Last, First, Middle Initial) Great Plains Leadership Fund				-		-	248812	293			
·				М	М	Disburse	o / O	Y Y	0 ŏ 6	Υ	
Mailing Address 818 Connecticut Ave, N' Suite 1100				1							
City Washington	State Zip Code DC 20006			Am	ount o	of Each	Disburse	ement	this P	eriod	
Purpose of Disbursement				1 L				. 1	000.0	0	
Candidate Name			gory/								
Office Sought: House Disburs	ement For:	Ту	pe	-							
Senate	Primary General										
State: District:	Other (specify) ▼										
2.00100									-00.5		_
SUBTOTAL of Disbursements This Page (optional)				L				5	500.0	0	
TOTAL This Period (last page this line number only)		•								

SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE I	-	PAGE 54 / 63
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) Political Action Committee of the American	<u> </u>			with oddin sommittee
Full Name (Last, First, Middle Initial) A. BRIDGE PAC			Transaction ID: Date of Disburse	ement
Mailing Address 499 South Capitol Street Suite 412	SW		10 2	0 7 2006
	State Zip Code DC 20003		Amount of Each	Disbursement this Period
Purpose of Disbursement		011		1500.00
Candidate Name		Category/ Type		
Senate President	ment For: Primary General Other (specify) ▼			
State: District: Full Name (Last, First, Middle Initial)			Transaction ID:	2/881210
3. Our Common Values PAC			Date of Disburse	ement
Mailing Address 101 W. Grand Avenue Suite 200			1 0 2	0 7 2006
City Chicago	State Zip Code IL 60610		Amount of Each	Disbursement this Period
Purpose of Disbursement		011		2500.00
Candidate Name		Category/ Type		
Senate President	ment For: Primary General Other (specify)			
State: District: Full Name (Last, First, Middle Initial)			Transaction ID:	2/001200
Committee For A Democratic Future			Date of Disburse	ement
Mailing Address 25 Roydon Road			10 / 2	0 7 2006
	State Zip Code CT 06511		Amount of Each	Disbursement this Period
Purpose of Disbursement		011		2500.00
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)			
SUBTOTAL of Disbursements This Page (optional) .				6500.00
TOTAL This Period (last page this line number only)				

	STILDOLL B (I LOT OTHI 3X)	Use seperate schedule(s)		Check (ત:		PA	AGE	55 / 6	3	
Τ	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	Ć	22 28a	X 23	3 8b	24 28c	Н	25 29	\mathbf{H}	26 30b
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam											3	
\ \	NAME OF COMMITTEE (In Full)	o and address of any political	JUITI		30110	it COITH	JULIUI	11011	i Sucii (COMM	intioe		
\rangle	Political Action Committee of the America	n Association of Orthopa	edic	Surgeo	ns								
	Full Name (Last, First, Middle Initial)					Transa	action	ID: 2	48813	306			
۸.	IMPACT					Date o	f Disb			v · v		V	
	Mailing Address 509 Madison Avenue Suite 1902					1 0		2 (֓֞֞֓֓֓֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	2	0 Ó 6		
	City New York	State Zip Code NY 10022				Amour	nt of E	ach D	isburse	emen	t this P	erioc	t
	Purpose of Disbursement									. 2	2500.0	00	
	Candidate Name		Ca	011 tegory/ ype									
	Office Sought: House Disburs	ement For: Primary General Other (specify)		jpo									
	Full Name (Last, First, Middle Initial)					Trans	action	. ID: 2	48812	999			
3.	John Sarbanes For Congress					Date o	f Disb	ursen					
	Mailing Address PO Box 6854					10	И /	^D 2 (ž	0 0 6	Y	
	City Towson	State Zip Code MD 21285				Amour	nt of E	ach D	isburse	-		-	t l
	Purpose of Disbursement			011						1	0.000	00	
	Candidate Name Mr. John Sarbanes		Ca	tegory/ ype									
	Senate President	ement For: 2006 Primary General Other (specify)											
		ongress Genera											
Э.	Full Name (Last, First, Middle Initial) Brian Baird for Congress					Date o	f Disb	ursen					
	Mailing Address 1516 Franklin St					11	И /	0 1		ž	0 0 6	Y	
	City Vancouver	State Zip Code WA 98660				Amour	nt of E	ach D	isburse	emen	t this P	erioc	<u> </u>
	Purpose of Disbursement	3330								1	000.0	0	
	Candidate Name Brian Baird		Ca	011 tegory/ ype									
	Senate	ement For: 2006 Primary General Other (specify)											
		ongress Genera											
s	UBTOTAL of Disbursements This Page (optional)			>	•					4	500.0	0	
T	OTAL This Period (last page this line number only	·		•	•								

	Use seperate schedule(s)		check or			•	[-/	4GE	36 / 6	اد <u>ا</u>	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b	Ć.	´ -	X 23	24		25		26
			27		28a	28b	28c		29		30k
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam										3	
NAME OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·										
Political Action Committee of the America	Association of Orthopaed	lic S	Surgeor	าร							
Full Name (Last, First, Middle Initial)				Т	ransa	ction ID:	: 249276	94			
Becerra For Congress						Disburs				17	
Mailing Address P.O. Box 261060					1 1	/ ^D C) 1	ž	0 Ó 6	Y	
City	State Zip Code			A	Amount	of Each	Disburse	emen	t this P	erio	į
Los Angeles Purpose of Disbursement	CA 90026			- [1	500.0	00	П
i dipose di Disbuisement		0.	11		-			-		_	
Candidate Name Rep. Xavier Becerra			egory/ pe								
Senate President X	ement For: 2006 Primary General Other (specify)										
	ongress Genera										
Full Name (Last, First, Middle Initial)							: 249276	888			
5. Doggett For Congress				L	Date of	Disburs D	ement	Y Y	Υ	Υ	
Mailing Address P.O. Box 5843					1"1 ") 1 ′	2	0 Ó 6		
City Austin	State Zip Code TX 78703			A	Amount	of Each	Disburse	emen	t this P	erio	İ
Purpose of Disbursement	70703			+ [1	000.0	00	
		Ō.	11								
Candidate Name Rep. Lloyd Doggett		Cate Ty	gory/ pe								
Office Sought: X House Disburse Senate	ement For: 2006 Primary General										
	Other (specify) ongress Genera										
Full Name (Last, First, Middle Initial)	5.19.000 G011014			т	ranes	ction ID	: 249276	574			
Anna Eshoo For Congress					Date of	Disburs	ement				
Mailing Address 555 Capitol Mall Suite 14	125				1 1	/ DC	1 /	ž	0 Ď 6	Y	
City Sacramento	State Zip Code CA 95814			1	Amount	of Each	Disburse	emen	t this P	erio	i
Purpose of Disbursement	Г			† I				1	0.000	00	
Candidate Name Rep. Anna G. Eshoo		0. Cate Ty	gory/								
Senate	ement For: 2006 Primary General Other (specify)										
	ongress Genera										
	-				-			-	-00		$\overline{}$
SUBTOTAL of Disbursements This Page (optional)			<u> </u>					3	500.0	U .	
TOTAL This Period (last page this line number only)			•								П

SCILEBOLL B (I LOI OIIII 3X)	Use seperate schedule(s)	(check only			PAGE	5//60	3
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a	23 28b	24 28c	25 29	26 30b
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)	and address of any political co	ommittee to so	icit contribut	10115 110111 5	uch com	muee	
Political Action Committee of the American	Association of Orthopaec	dic Surgeons					
Full Name (Last, First, Middle Initial)				ion ID: 249			
Hulshof For Congress			Date of D	isbursemer		, , , , ,	Y
Mailing Address Post Office Box 1621			1 1 "	0 1	2	0 Ď 6	
,	itate Zip Code MO 65010		Amount o	f Each Dist	oursemen	t this Pe	eriod
Purpose of Disbursement	333.13				2	2000.0	0
		011					
Candidate Name Rep. Kenny C. Hulshof		Category/ Type					
Office Sought: X House Disburser	nent For: 2006 Primary General						
	Other (specify)						
State: MO District: 9 2006 Co	ngress Genera						
Full Name (Last, First, Middle Initial) Nita Lowey For Congress				ion ID: 249			
			M M	isbursemer		Y .	Υ
Mailing Address PO Box 271			11	0 1	2	0 Ó 6	
,	itate Zip Code NY 10605		Amount o	f Each Dist	oursemen	t this Pe	eriod
Purpose of Disbursement	ı				2	2500.0	0
Candidate Name		011 Category/					
Rep. Nita M. Lowey		Type					
Office Sought: X House Disburser							
	Primary General Other (specify) ▼						
	ngress Genera						
Full Name (Last, First, Middle Initial) Lot Of People For Dave Obey				ion ID: 249 isbursemer			
<u> </u>			M M	/ D D		0 0 6	Υ
Mailing Address 525 Washington St PO Box 1322			11	0 1			
	state Zip Code NI 54402		Amount o	f Each Dist	oursemen	t this Pe	eriod
Purpose of Disbursement		044			2	2500.0	0
Candidate Name	L	011 Category/					
Rep. David R. Obey		Type					
Office Sought: X House Disburser Senate	nent For: 2006 Primary General						
President X	Other (specify)						
State: WI District: 7 2006 Co	ngress Genera						
SUBTOTAL of Disbursements This Page (optional)		>			7	000.00	0
TOTAL This Period (last page this line number only).							

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)			FOR LINE NUMBER: PAGE						
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page		(check on 21b 27	22 28a	X 23 28b	24 28c	Н	25 29	26 30b
	y Information copied from such Reports and State for commercial purposes, other than using the nar										S
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the America							om odom c			
۹.	Full Name (Last, First, Middle Initial) Pallone For Congress					Date of	of Disburs				
	Mailing Address PO Box 3176					1 1 1	M / D	01	Ž	0 Ď 6	Y
	City Long Branch	State NJ	Zip Code 07740			Amou	nt of Each	Disburse			-
	Purpose of Disbursement	Q1							1	0.00.0	00
	Candidate Name Rep. Frank Pallone, Jr.		0000		ategory/ Type						
	Senate President	Primary Other (spe									
_	Full Name (Last, First, Middle Initial)	Congress C	aenera			Trans	action ID	: 249277	 '05		
3 .	Rangel For Congress					М.	of Disburs	D / Y	ΥΥΥ	Y	Y
	Mailing Address PO Box 5577 Manhattanville Sta					11) 1	2	0 Ó 6	
	City New York	State NY	Zip Code 10027			Amou	nt of Each	n Disburse			-
	Purpose of Disbursement				011				1	0.00.0	00
	Candidate Name Rep. Charles B. Rangel				ategory/ Type						
	Senate President	Primary Other (spe									
	State: NY District: 15 2006 (Full Name (Last, First, Middle Initial)	Congress C	aenera			Trans	action ID	: 249276	86		
Э.	Pete Stark Re-Election Committee					Date o	of Disburs	ement		Y	Υ
	Mailing Address P.O. Box 8331					11		0 1	2	0 ŏ 6	
	City Fremont	State CA	Zip Code 94537			Amou	nt of Each	Disburse	ment	this F	Period
	Purpose of Disbursement				011				2	500.0	00
	Candidate Name Rep. Fortney Stark				ategory/ Type						
	Senate President	Primary Other (spe									
	State: CA District: 13 2006 (Congress C	aciicid							-02	
S	UBTOTAL of Disbursements This Page (optional)			<u></u>				45	500.0	00
T	OTAL This Period (last page this line number only	y)			▶						

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(3)	FOR LINE		P.A	GE 5	9 / 63			
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(check only 21b 27	one) 22 X 23 28a 28k	24 28c	2:				
	y Information copied from such Reports and State for commercial purposes, other than using the na										
\rangle	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
۹.	Full Name (Last, First, Middle Initial) Committee To Re-Elect Ed Towns				Transaction I		83				
	Mailing Address 438 Lewis Avenue					01	ž 0	0 6 °			
	City Brooklyn	State Zip Code NY 11233			Amount of Ea	ch Disburse	ment th	nis Period			
	Purpose of Disbursement			011	2000.00						
	Candidate Name Rep. Edolphus Towns			Category/ Type							
	Senate President	sement For: 2006 Primary General X Other (specify)									
	State: NY District: 10 2006 Full Name (Last, First, Middle Initial)	Congress Genera			Tuanaastian l	D. 040076	00				
3.	David Scott For Congress				Transaction I Date of Disbu		92				
	Mailing Address 162 Hurt Street Ne				11	01	ž0	0 6 °			
	City Atlanta	State Zip Code GA 30307			Amount of Ea	ch Disburse					
	Purpose of Disbursement			011			100	00.00			
	Candidate Name Rep. David Scott		'	Category/ Type							
	Senate President	sement For: 2006 Primary Genera X Other (specify) ▼ Congress Genera									
_	Full Name (Last, First, Middle Initial)	Congress denera			Transaction I	-	11				
٥.	Lewis For Congress Committee				Date of Disbu	D D / N	Y .	YY			
	Mailing Address P.O. Box 247				11	0 1	20	Ď 6 Š			
	City Redlands	State Zip Code CA 92373			Amount of Ea	ch Disburse	ment th	nis Period			
	Purpose of Disbursement		Г	011			250	00.00			
	Candidate Name Rep. Jerry Lewis			Category/ Type							
	Senate President	sement For: 2006 Primary Genera X Other (specify)	•								
	State: CA District: 41 2006	Congress Genera									
s	UBTOTAL of Disbursements This Page (optional)		>	<u></u>		550	0.00			
T	OTAL This Period (last page this line number on	y)									

SCIEDOLL B (I LCI OIIII 3X)		Use seperate schedule(s)		(check		NUMBER: PAGE 60 /					50 / 63	3	
TEMIZED DISBURSEMEN	ITS		category of the Summary Page		21b 27	Ĺ	22 28a	X 23 281	b \square	24 28c	$\boldsymbol{\sqcup}$	25 29	26 30b
Any Information copied from such Reports or for commercial purposes, other than usi													
NAME OF COMMITTEE (In Full)	ing the name	and addre	ss of arry political	COITII	TIILLEE LO	SUIIC	it COITH	Julions	i ii Oiii s	sucii ci	OHIHHH	iee	
Political Action Committee of the	American	Associat	ion of Orthopa	edic	Surgeo	ons							
Full Name (Last, First, Middle Initial)							Transa				71		
Hobson For Congress							Date o	f Disbu		nt	V	V - \	7
Mailing Address 82 West Colum	mbia						1"1 "	J L	0 1	Ĺ	20	ŏ́6	
City Springfield		State OH	Zip Code 45503				Amour	nt of Ea	ch Dis	burser	nent t	his Pe	eriod
Purpose of Disbursement					•						20	00.00)
Candidate Name					011 tegory/								
Rep. David Hobson					тедогу/ Гуре								
Office Sought: X House	Disburse		2006										
Senate President	X	Primary Other (spe	General cify)										
State: OH District: 7		ongress G											
Full Name (Last, First, Middle Initial) Every Republican Is Crucial (ER							Transa			-	13		
	10) 1 A0						M N	f Disbu	D D	/ Y	Y	Y	7
Mailing Address 25 East Main S Suite 200	Street						1 1		0 1	L	20	δ́6	
City Richmond		State VA	Zip Code 23219				Amour	nt of Ea	ch Dis	burser	nent t	his Pe	eriod
Purpose of Disbursement											25	00.00) .
Candidate Name					011 tegory/								
					Гуре								
Office Sought: House Senate	Disburse	ment For: Primary	General										
President		Other (spe											
State: District:													
Full Name (Last, First, Middle Initial) Citizens For Rush							Transa Date o				30		
Mailing Address P. O. Box 7292	<u> </u>						1 1	1 /	0 1	/ Y	ž 0	ŏ 6	′
City		State	Zip Code				Amour	nt of Ea	ch Dis	burser	nent t	his Pe	eriod
Chicago		IL	60680								10	00.00)
Purpose of Disbursement					011							00.00	3
Candidate Name Rep. Bobby Rush					tegory/ Type								
Office Sought: X House	Disburse		2006										
Senate President	X	Primary Other (spe	General										
State: IL District: 1		ongress G											
SUBTOTAL of Disbursements This Page	e (optional)			<u></u>	•	•					550	0.00)
TOTAL This Period (last page this line n	umber onlv))	•		•					
	<i>(</i>								_		_		

SCHEDOLL B (I LCI)	Use seperate				E NUMB nly one)	EK:		P	AGE	61 / 6	3
ITEMIZED DISBURSE	MENTS for each cated Detailed Sum			21b 27	22 28a	Х	23 28b	24 28c	Н	25 29	26 30b
	Reports and Statements may not be han using the name and address of										
NAME OF COMMITTEE (In Fi		i ariy political col			JOHOIL GOI	uibul	10113 110	,,,, 3ucil	0011111		
,	of the American Association	of Orthopaedi	ic S	urgeor	าร						
Full Name (Last, First, Middle I	nitial)				Trar	sacti	ion ID:	249276	39		
A. BRIDGE PAC					Date	of D	isburse		v v	V	V
Mailing Address 499 Sour Suite 412	h Capitol Street, SW				1 [™] -	l IVI	′	1 /	' <u>2</u>	0 0 6	
City Washington		p Code 0003			Amo	unt o	f Each	Disburse	ement	this P	eriod
Purpose of Disbursement		0000			-				1	0.00	0
			01	1							
Candidate Name		C	Cateo Typ								
Office Sought: House Senate	Disbursement For: Primary	General									
Preside											
State: District:											
Full Name (Last, First, Middle I								249276	62		
Silver State 21st Century F	AC				Date	of D	isburse	ement	Y Y	Y	Υ
Mailing Address 3069 Co	nquista Court				1 1		, <u> </u>		2	0 Ó 6	
City Las Vegas		p Code 9121			Amo	unt o	f Each	Disburse			-
Purpose of Disbursement			0.4						2	500.0	0
Candidate Name		C	01 Cateo Typ	gory/							
Office Sought: Senate Preside State: District:	Disbursement For: Primary Other (specify)	General ▼									
Full Name (Last, First, Middle I	l nitial)				Tron	oooti	ion ID:	249276	255		
C. Leadership 21	,						isburse			V	V
Suite 222					1		0	1		0 Ď 6	
City McLean		p Code 2101			Amo	ount o	f Each	Disburse	ement	this P	eriod
Purpose of Disbursement			0.1	,	† L				1	0.00	0
Candidate Name		C	01 Cateo Typ	gory/							
Office Sought: Senate Preside State: District:	Disbursement For: Primary Other (specify)	General ▼									
SUBTOTAL of Disbursements Th	nis Page (optional)			•					45	500.0	0
								-			
TOTAL This Period (last page thi	s line number only)			•							

SCHEDULE B (FECFOIII 3X)		R LINE NUMBER: PAGE 62 / 63
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	eck only one) 21b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) Political Action Committee of the American	•	
Full Name (Last, First, Middle Initial) Synergy PAC Mailing Address 6849 Old Dominion Drive		Transaction ID: 24927647 Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,	State Zip Code VA 22101	Amount of Each Disbursement this Period
Purpose of Disbursement	011	2500.00
Candidate Name	Catego Type	ory/
Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify)	
Full Name (Last, First, Middle Initial) Friends Of Sherrod Brown		Transaction ID: 24974395 Date of Disbursement
Mailing Address 607 14th Street N.W. Suite 800		1 1 1 D 1 5 Y 2 0 0 6 Y
City	State Zip Code DC 20005	Amount of Each Disbursement this Period
Purpose of Disbursement 2006 Debt Retirement	011	
Candidate Name Rep. Sherrod Brown	Catego Type	
	nent For: 2006 Primary General Other (specify) Ingress Genera	2006 Debt Retirement
Full Name (Last, First, Middle Initial) America Works Committee	ngrood denora	Transaction ID: 24968891 Date of Disbursement
Mailing Address 607 14th Street N.W. Suite 800		111
City	State Zip Code DC 20005	Amount of Each Disbursement this Period
Purpose of Disbursement	011	
Candidate Name	Catego Type	
Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		12500.00
TOTAL This Period (last page this line number only).		72000.00

Image# 26940621499

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 63 / 63			
IT	EMIZED DISBURSEMENTS		(check only 21b 27	y one) 22 23 24 25 26 X 28a 28b 28c 29 30b			
	y Information copied from such Reports and for commercial purposes, other than using the						
$\overline{\ }$	NAME OF COMMITTEE (In Full)						
/	Political Action Committee of the Am	nerican Association of Orthopaedi	c Surgeons	\$			
	Full Name (Last, First, Middle Initial)			Transaction ID: 24881536			
۹.	Dr. Thomas H Thompson, , MD	Date of Disbursement					
	Mailing Address 2508 NW Medical	Park Dr		10 20 20 20 20 20 30 4			
	City	State Zip Code		Amount of Each Disbursement this Period			
	Roseburg	OR 97470-5505		050.00			
	Purpose of Disbursement			250.00			
	Refund duplicate contribution		010				
	Candidate Name		Category/ Type				
	Office Sought: House D	isbursement For:	Турс				
	Senate	Primary General		Refund duplicate contribu- tion			
	President	Other (specify) ▼		lion			
	State: District:						

		0.00
SUBTOTAL of Disbursements This Page (optional)		250.00
TOTAL This Period (last page this line number only)	•	250.00